Employment Application

Applicant Information

Full Name: ______________________________ Date: ______________
Last *First* *M.I.*

Address: ______________________________
Street Address *Apartment/Unit #*

____
City *State* *Postcode*

Phone: ______________________ Email ______________________

Date Available: ______________ IRD No.: ______________

Position Applied for: ______________________________

Are you a New Zealand Citizen? YES ☐ NO ☐ If no, do you have a current work visa.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? ______________

Have you ever been convicted of any crime? YES ☐ NO ☐

If yes, explain: ______________________________

Education

High School: ______________ Address: ______________

From: ________ To: ________ Did you complete NCEA? YES ☐ NO ☐ Level:: ______________

Higher Education: ______________ Address: ______________

From: ________ To: ________ Did you graduate? YES ☐ NO ☐ Qualification Obtained ______________

Other: ______________ Address: ______________

From: ________ To: ________ Did you graduate? YES ☐ NO ☐ Degree: ______________

References

Please list two references.

Full Name: ____________________ Relationship: ____________

Company: ____________________ Phone: ____________

Address: ____________________

Full Name: ____________________ Relationship: ____________

Company: ____________________ Phone: ____________

Address: ____________________

Previous Employment

Company: ____________________ Phone: ____________

Address: ____________________ Supervisor: ____________

Job Title: ____________ Starting Salary:**$** ________ Ending Salary:**$** ________

Responsibilities: ____________________

From: ________ To: ________ Reason for Leaving: ____________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ____________________ Phone: ____________

Address: ____________________ Supervisor: ____________

Job Title: ____________ Starting Salary:**$** ________ Ending Salary:**$** ________

Responsibilities: ____________________

From: ________ To: ________ Reason for Leaving: ____________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ____________________ Phone: ____________

Address: ____________________ Supervisor: ____________

Job Title: ____________ Starting Salary:**$** ________ Ending Salary:**$** ________

Responsibilities: ____________________

From: ________ To: ________ Reason for Leaving: ____________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: ______________________ From: __________ To: __________

Rank at Discharge: ______________________ Type of Discharge: ______________________

If other than honorable, explain: ______________________

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Please accept this as consent for Fruehauf NZ Ltd to complete a Pre-Employment Initial Base-line Health Assessment which will include testing of your Lung Function, Hearing, Vision along with Drug and Alcohol Testing.

Signature: ______________________ Date: __________

PREPLACEMENT HEALTH QUESTIONNAIRE

Name:	Address:
Proposed Position:	

The health assessment is required to ensure that the presence of any medical condition or disability does not result in an increased risk of illness or injury to yourself or others arising from the requirements of the job for which you have applied.
The assessment will be limited to conditions which may be relevant to your current capacity to perform the essential requirements of the job and will remain confidential to Fruehauf NZ Ltd and their designated medical practitioner/ Occupational Health Nurse.
Please complete the questionnaire below.

Depending upon the job for which you have applied, a limited clinical assessment and performance of tests may also be required.
All non-office based jobs answers questions 1 to 10.

All Work Shop Fitter/Welders etc. answer questions 1 to 11.

All positions involving those working at heights and confined spaces are to answer questions 1 to 10 and question 12.

Do you have, or have your ever suffered from, any of the following? (Tick appropriate box)

1.	2.	3.
Pain, discomfort or loss of function affecting the: Y N Neck ☐ ☐ Shoulder ☐ ☐ Arms or wrists ☐ ☐ If you answered yes please give a short explanation. ____	Pain, discomfort or loss of function affecting the: Y N Back ☐ ☐ Knees ☐ ☐ Ankles or feet ☐ ☐ If you answered yes please give a short explanation. ____	Y N Deafness ☐ ☐ Difficulty hearing ☐ ☐ Ringing in ears ☐ ☐ If you answered yes please give a short explanation. ____
4	**5.**	
Y N Impairment of vision ☐ ☐ If you answered yes please give a short explanation. ____	Y N Dermatitis/Eczema ☐ ☐ Psoriasis ☐ ☐ Other skin problems ☐ ☐ If you answered yes please give a short explanation. ____	Y N Asthma ☐ ☐ Bronchitis ☐ ☐ Shortness of breath ☐ ☐ Wheezing ☐ ☐ Pneumothoraces ☐ ☐ Other chest problems ☐ ☐ Hay fever/allergies ☐ ☐ If you answered yes please give a short explanation. ____

7	8.	9.
Y N Heart Attack ☐ ☐ Angina ☐ ☐ Heart murmur ☐ ☐ Palpitations ☐ ☐ Blackouts/fainting ☐ ☐ Vertigo/loss of balance ☐ ☐ Excessive daytime sleepiness ☐ ☐ Chest pain ☐ ☐ High blood pressure ☐ ☐ If you answered yes please give a short explanation. _______________________________________	Y N Epilepsy/Fits ☐ ☐ Co-ordination problems ☐ ☐ If you answered yes please give a short explanation. _______________________________________	Y N Diabetes ☐ ☐ Hernia ☐ ☐ If you answered yes please give a short explanation. _______________________________________
10.	**11 (only to be completed by Work shop staff, Fitter/Welders etc.**	**12.(only to be completed by those working at heights, confined spaces)**
Y N ☐ ☐ Any conditions which would prevent you from wearing Safety footwear or other personal protective equipment If you answered yes please give a short explanation. _______________________________________	Y N Thyroid problems ☐ ☐ Misuse of illegal drugs or alcohol ☐ ☐ Kidney problems ☐ ☐ Hepatitis ☐ ☐ Jaundice ☐ ☐ Other liver problems ☐ ☐ Colour Deficiency ☐ ☐ If you answered yes please give a short explanation. _______________________________________	Y N Fear of confined spaces ☐ ☐ Fear of heights ☐ ☐ If you answered yes please give a short explanation. _______________________________________

Positive answers for the above may require clinical assessment at time of pre placement

DECLARATION:

I declare that the above particulars are true to the best of my knowledge.

Signature: Date: